# Medical Examiner.

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## THE MEDICAL PROFESSION.

EDITED BY

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### Original Communications.

### A CASE OF COMPLETE INVERSION OF THE UTERUS REDUCED.

BY E. R. WILLARD, M.D., WILMINGTON, ILL.

Inversion of the uterus is of exceeding rare occurrence, in so much that an average of only one case is reported out of nearly a hundred thousand births in some of the best lying-in hospitals on the Eastern continent; and many accoucheurs in extensive obstetrical practice for a long series of years, have never met with a single case. In fact it is a malposition but seldom if ever diagnosed two hundred years ago. Since that time, however, its symptoms, signs, pathology and great danger have been thoroughly studied and fully appreciated by the profession; and, although such is the case, we find the displacement to have been frequently mistaken for polypus, prolapsus, fibroid, or even to have remained undiscovered for a number of years, or until after death, by physicians of good reputation, and graduates from the best medical schools in the country. This we attribute not so much to the want of medical knowledge and skill, as from the exceeding rare occurrence of this difficulty, thereby throwing the physician completely off his guard-that is, causing him to form a diagnosis without a sufficiently thorough examination.

in

10.

Systematic writers differ very much in their classification of the varieties of this affection. For the more practical purposes of pathology, diagnosis, prognosis and treatment, we would make the following heads:

Many writers would still divide spontaneous and artificial into active and passive uterine inversion; but as that depends upon the degree of paralysis or inertia of the uterus in the former, and upon the amount of artificial force in the latter-that is, spontaneous pas- taneous in the table from the fifty-ninth case.

sive inversion signifying spontaneous inversion from complete paralysis of the whole organ, and artificial passive inversion merely applies force to the same condition of the uterus to produce the inversion, while the term active is applied to the same kinds of inversion where only a part of the organ is paralyzed, thereby producing what is called hour-glass contractions in some cases—therefore we prefer the more general classification above.

Where the paralysis exists at the lower portion of the uterus, including the cervix, with active contractions of the fundus, together with positive bearing-down, we have frequently discovered partial temporary inversion, which would be immediately relieved so soon as active contractions of the lower portion of the uterus was secured. It is in this way, we think, a greater share of the cases of post-partem spontaneous inversion takes place. We are borne out in these conclusions, to some extent, in the fact that the accident seldom occurs in the hands of experienced practitioners, where these conditions are promptly met at the time.

That we always have partial or complete paralysis of the uterus in all cases of inversion, whether spontaneous or artificial, is now generally admitted by all writers upon that subject.

Another very important matter, in a medicolegal point of view, presents itself here, and that is the relative frequency of spontaneous inversion as compared with that of artificial inversion. For the purpose of presenting this matter clearly, in connection with the various causes, modes of treatment, and results, we have prepared the accompanying table, from which we find out of fifty-three cases taken promiscuously from the most reliable men in the country, commencing at the fifty-ninth case in the table, that twentyeight were entirely spontaneous, while others were partially so, as no great amount of force was used to produce the displacement.

In this estimate we take only those cases of post-partem inversion, leaving out one case of fibro-cystis that is included among the sponAs to treatment, it will be seen by reference to the same table that about one-third of all those who underwent the operation of amputation died; while of those who were treated by taxis for reduction, only about one-ninth died.—thus showing that by removing the organ, the fatality is as great as in the most malignant epidemic of cholera, or as in the operation of ovariotomy. We also find that the comparative length of time after the accident is as great, if not greater, in those cases treated by taxis, as in those by amputation: therefore it cannot be said that the former were acute cases, and consequently easily reduced.

From my limited experience, and the success claimed by Dr. Thomas for his method of drawing down the uterus and then forcing it up again, I am inclined to the opinion that a systematic course of manipulation, by periodic pressure of from three to five minutes, with a force of from ten to twenty pounds, with a period of rest of five minutes

between, could be continued a greater number of hours, with less danger of producing inflammation, as the vitality of the tissues would not thereby be endangered as they always are under steady continuous pressure, and the relaxation would not be less speedy. As to the time recommended for continuing the manipulation at any one setting, I would be governed in that much the same as in a case of labor, and calculate that ten or twelve hours would not be more dangerous to the patient, provided the parts were not handled too roughly, than in natural parturition.

We are borne out in these conclusions from the accompanying cases reported, as that of by Dr. Thomas for his method drawing down the uterus and then forcing up again, I am inclined to the opinion that

In the accompanying table we have only submitted a sufficient number of cases taken promiscuously, to form something like a correct comparison of results.

Table of Cases in which the Uterus was Removed for Inversion. Also, Reduction of the Inverted Uterus, with Comparison of Results.

				Mode of operating.			'ause	ж.	ident	of t	ults reat- ent.	Kinds.			
Number. Years.	Years.	Age.	Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.	Time after Accident	Successful.	Unsuccessful.	Spontaneous.	Artificial.	Authority.	Remarks.
1	1768						-		17 days.	**				Faiver.	Uterus was 27 days in separating.
2	1824		**			**		ĺ	30 days.	**				Rheineck.	Uterus came away in a few days.
3	1818 1822			**						**		**		Newnhan. Staub.	Uterus separated in seven days.  Knife used after the application of
							-							Staub.	ligature.
5	1835		**			**				**				Bouchet.	Ligature cut through on 14th day.
6			0.0		1	0.0		1	3 years.	**				Gooch.	Ligature came off in 14 days.
7	1840		**			**				**				Harrison.	Uterus removed in 14 days.
8	1836					**				**				Bloxam.	Uterus supposed to be polypus unti after removal.
9	1837		40			**				**				Kuttler.	Separated in three days.
10	1838		65							**				Williams.	
11	1843		**						12 years.	**				Esselman.	Ligated for a polypus; came off in 18 days.
12	1846	1	9.5			0.0				**				Greyson.	Came off on 9th day.
13	1852		**	1	1		!		1 year.	**	1			Betschler.	Came off on 14th day.
14	1855	1	0.6					×		**				Oldham.	22 days in separating.
15	1861		**					1		**	1			Courty.	Separated in 13 days.
16	1863		6.0							*6	1			Dale.	Death from cancer in two months.
17	1784						**				**	**		Lammonier.	Death in one month after operation
18	1816						90		3 months.		**	**		Peletip.	Death on fifth day.
19	1864													Boyer.	Inversion mistaken for polypus; died in 12 days.
20	1830		**			**					**			Symonds.	Inversion mistaken for polypus; died in 8 days.
21	1852		65			5.6			8 months.		**			Deronbaix.	Death on 23d day.
22	1855	1	46			44		1	6 months.		**			Coots,	Death on 16th day.
23	1860		**					**			**	**		Betschler.	Death on 24th day.
24	1839	1		**			+4			15		**		Luytgarens.	Arteries ligated; healed in 10 days.
25	1845			6.5		1			13 months.	**				Michalowski.	Recovered in 14 days.
26	1678			6.6		**					* **			Motte.	Death followed in a few days.
27	1788			**		1					**			Delayre,	Died in three days.
28	1858	1		**		**					**	1		Aran,	Amputation by ecraseur; died in 86

				ode erati		(	huse	ĸ.	rident		ults reat- ent.	Ki	nds.		
Number.	Years.	Age.	Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.	Time after Accident	Successful.	Unsuccessful.	Spontaneous.	Artificial.	Authority.	Remarks.
29 30 31 32	1859 1864 1861 1670			**			**		12 months.		**	**		McClintock. Wilson. Veit. Vicuseium.	By ecraseur; died in 59 hours. By ecraseur. By ecraseur. Ligature and knife both used.
33 34 35	1787 1802 1804						**					**		Desault and Bodeloque. Hunter. Chevalier.	This case is reported as successfu
36	1806													Clarke.	although the patient died in a fe days after the operation. Uterus supposed to be a polypi
37	1811								5 weeks.					Baxton.	and amputated for such.
39	1818								18 months.					Windsor. Bættger.	Amputation 12 days after ligatic healed in 75 days. Ligation after amputation to st
10	1821		**											Weber.	hemorrhage. Recovered in four weeks.
15	1831 1835		**						18 mouths.	**				Laserre. Cook.	Recovered in four weeks. Ligation followed by amputation three weeks.
11 13	1836 1840								4 years.	**				Mooz. Portal.	Recovered in 29 days.
45 46	1842 1842		**				••	**		**				Betschler. Juergenes.	Ligated with silver wire, then amp
47 48	1843 1848		**						1 month. 5 years.					Crosse, Johnson,	Recovered in four weeks. Recovered in six weeks.
49 50	1848 1849								2 months. 2 years.					Hublier. Higgins.	Quick recovery,
51 52 53	1854 1859			**		**								Gredding. McClintock.	Ecraseur applied after the ligatur
54	1863 1803		**	**							**			Sheppard. Watkinson.	Ligature slid off, causing fatal he
66	1836		**	**		**			1 year.		**			Meirholdt.	orrhage. Internal hemorrhage, peritonitis a death in 19 days.
56 57	1840 1850		**	**			**		3 years.		**	**		Velpeau. Engel.	Death in 72 hours. Death in 7 days.
58 59	1867 18—		-		0.0	60			8 hours.	**			**	Scanzoni. Channing.	Case not diagnosed by attendi
60 61	18-	24	9.9		**	44			10 hours. 18 months.	**		**	**	Channing.	Reduced in a few minutes. Placenta torn away in pieces.
62 63	18- 18-	22 35	**			**			12 months. 12 months.	**			**	Channing. Channing.	Ligature came away in 13 days. Not diagnosed by attending phy cian.
64 65	18 18		**			**						**	**	Channing. Channing.	Not diagnosed by attending phy
66	18-		**			**							**	Channing.	cian at the time. Mistaken for polypus.
67 68 69	18— 18— 1838	22 20	**			**			18 months. 2 months.	**		**	**	Channing. Channing. Fisher.	Mistaken for polypus. Reduction attempted before ligation Patient would not consent to reduce
70					**				1 hour.	**			**	Fisher.	tion. Reduced before the placenta v
71 72	1837 1867					**			1 hour. 1 hour.	**	**	**	:	Richards Warren.	removed. Died in six hours. Five and a half months advanced
73	1859	21			**	**			6 months.	**		**		Potter.	pregnancy. Time, one and a half hours in red
74 75	1840 1836	30 35			::	**			15 months. 6 months.	**		5"	**	Potter. Potter.	tion.  Reduced in three quarters of an horizontal first mistaken for polypus; reduc
76 77	1870	12			**	64			hour.	**			**	Cowards. Madge.	in three minutes.  Reduced in twenty minutes.  Placenta peeled off before reduction
78 79					**	**			1-6 hour. 1-6 hour.	**		**		Hicks. Hicks.	r accenta peciet on before remucin
80 81	1868 1871	22			**				5 hours. 54 hours.	**	**	**		Tylecote. Woodward.	
82	1870	22			**	**			2 months.	**				Byford.	Inversion took place 35 days af confinement and was reduced elastic pressure with water in fi
K3	1860	26			**	**			soon.	**		**		Hamill.	days. Inversion took place immediate
84	1868	28			**	**			soon.	**		**		Calkins.	after birth of child.  Inversion took place immediate after birth of child.
85	1868	55				**			52 hours.	**			**	Holmes.	Homeopathic physician in atter ance.
86	1868				. **	**			25 days.	**		**		Trist.	First mistaken for polypus, af which spontaneous reduction to
87 88	1866	19			46	66			soon.	1.		**	**	Sidey. Denham.	place. Reduced immediately after accide The only case in 100,000 deliveries Dublin Lying in Hospital.

					ode erati		-	Cause	es.	ident	of t	reat- ent.	Ki	nds.		
Viimbor	Years.	Age.	Thoughou	Ligation.	Amputation.	Reduction.	Post Partum.	Polypus.	Fibroid.	Time after Accident	Successful.	Unsuccessful.	Spontaneous.	Artificial.	Authority.	Remarks.
8 9	1866	27				46	44			15 days. 4 years.	44		**	66	Denham. Woster.	Not diagnosed for 11 days. Reduction completed after 8 attempts of 9 hours' duration; the last of 9 hours.
9:			-			44	44			7 months. 13 years.	**		**	**	Emmett. Noeggorath.	Time in reduction, 5 hours 55 min. Operation by pressing one horn of uterus.
98 94 98	1 1866					44	66 66			8 months. 2 hours.	84			**	Noeggorath. Emmett. Smith and Cutter.	One side of uterus pressed in first. Reduced in 1 hour 20 minutes. Death from shock.
96	1869		and the particular	-		64			44	2 years.	**		4.6		Emmett.	The fundus pushed into the os and sutures applied to hold it there
97	1868					44	66				**		**		Emmett.	without completing the reduction. This case was completed after seve- ral hours manipulation by sutures in the os to hold up the fundus.
98 99 100 101 102	1847 1852		Committee of the column of the state of	and the first designed and the		66 66 68 68	46 46 46			8 months. 8 years. 1 year. 5 months.	**			**	Debourgeville Baudelœque. Valentine. Canner. Berrier.	Reduced in ninety minutes. Reduced in ten minutes.
103	1									12 years. 16 years.	**				Tyler Smith. J. P. White.	Elastic pressure with a caoutchouc bag filled with air, in one week. The celebrated case of Dr. White— reduced in 50 minutes; patient died of peritonitis 15 days after the op-
105	1869	28		-		**				10 months.	**		"	and the same of th	Thomas.	eration.  Not diagnosed for nine months; belladonna suppositories used for 3 days, then reduction accomplished in 25 minutes.
106	1869	23			i	**	40			21 months.	**		**		Thomas.	Preparatory treatment same as last; taxis 31 hours without result; then abdominal walls incised, os uteri dilated from above, taxis below.
107	1860					44	64			soon.	44	- 1	**		Tanner.	Inversion with placenta attached; separated and reduced.
108	1860				1	6.6	0.6	1		soon.	**		**		Tanner.	Placenta attached; separated and re- duced.
109	1860				1	66	60 -		÷	800H.		**	**		Fifield.	Placenta attached; separated before reduction; died in a few hours.
110	1866					64	66			21 hours.	**		**		Emmett.	Displacement came on after the attending physician left the house.
111	1867				-	44				2 months.	**		**		Emmett.	Unimpregnated uterus, and without other assignable cause.
112 113		27 34				16	46	The second second		5 weeks. 6 months.	**			::	White. White.	Reduced in 23 minutes. Reduced in 1 hour 23 minutes by taxis, with uterine repository.

adjoining town, on the morning of Jan. 30, 1872, and reached the address toward noon. Her medical attendant was in waiting for me, from whom I obtained the following history:

first child two weeks previous; labor natural and easy, lasting about ten hours. Not so with the after-birth, as excessive flowing accompanied and followed its removal, in so much that the patient came near dying from nervous shock, and fatal syncope from loss of the accouchment. blood. The placenta having come away prior to, or immediately at the time of the inversion, the latter was not detected.

The patient lay in a very critical condition for a number of days, fainting every time the head was raised from the pillow. A neigh-attending physician pressed the uterus into

Case.—I was called to see Mrs. W., in an boring physician was called in, and supposing the symptoms were in consequence of the loss of blood that had been going on more or less profusely since her confinement, did not make an examination, and up to the time I saw Mrs. W., aged 25, was delivered of her the patient the case had not been diagnosed. The attending physician said that no undue traction upon the cord had been used in the delivery of the placenta, but could not say that he had felt the uterus above the symphysis at any time after the completion of

> In the morning before I saw the patient, she stepped upon the floor for the first time, when the uterus immediately protruded This so alarmed the through the vulva. friends that I was sent for. Meantime the

the difficulty entirely relieved. I found the patient upon the bed, presenting every indieation of extreme exhaustion from anæmia, with a pulse of 160 per minute. On removing the compress and making a vaginal examination, a large firm mass, about three and a-half inches in length by two and a-half in breadth, was felt blocking the vagina, and might as well have been mistaken for polypus as it already had been for prolapsus. I passed two fingers around the projecting mass, and found the continuity perfect. I then manipulated with the other hand above the symphysis pubis, and was able to so far approximate the one in the cul-de-sac, as to sufficiently satisfy myself that the case was one of inversion of the uterus. As the patient and friends had been informed, when the uterus was slipped into the vagina, that "everything was right," it was with much difficulty that I succeeded in satisfying their minds in regard to the facts in the case, and the necessity of immediately proceeding to the use of taxis for the purpose of reducing the inverted organ, as it was a serious question in my mind whether anything could be gained by delay, and everything might be lost.

The patient was placed upon her back, with her knees drawn up, and in such position that I could operate while sitting or standing. The right hand was passed into the vagina, the uterus grasped and pressed firmly between the fingers, while at the same time an upward pressure of from fifteen to twenty pounds was made against the left hand, which was placed upon the abdomen for the purpose of counter pressure. This pressure was continued about five minutes each time, with an interval of the same length of time between. At the end of twenty minutes I found the neck materially dilated, and the point of constriction rapidly giving way upon each application of the force. I then made the pressure more continuous, and the interval shorter each time, for the next ten minutes, when the reduction was completed, not with a bound, but requiring about the same amount of force to the very last. By this time the patient was very much exhausted, but rallied speedily ium; however, after being up for a short

the vagina, applied a compress, and supposed under the influence of stimulants and small doses of morphine, together with beef essence. She was kept quiet, in a recumbent position, for the next two weeks, with no other treatment save an occasional dose of morphine, to relieve pain and tenderness over the abdomen.

### CASES OF CEREBRO-SPINAL MENIN-GITIS IN COOK COUNTY HOSPITAL.

REPORTED BY E. F. INGALS, M.D., HOUSE PHYSICIAN.

Case 1. - H -- 0 -- , æt. 40 ; harnessmaker; German. Admitted March 9th, 1872.

For one week before admission the patient had been complaining of severe headache, much thirst and loss of appetite, with some pain in the middle of the back.

On admission the patient was mildly delirious, especially at night. He still complained of headache, pain in the lumbar regions, thirst and anorexia. His hearing was poor, the pupils contracted, face congested, and tongue slightly coated. The patient had a mania for injections, sometimes getting up in the night, stealing quietly into the bathroom, and proceeding to take an enema. On one occasion he fainted in attempting to take the enema, and was found by the nurse, wholly unconscious.

Constant care was necessary to prevent him from making these experiments, even after his bowels had been freely moved by a cathartic.

After a few days the right pupil became dilated, the pain in the head and back began to subside, and the delirium moderated. Still the patient slept poorly; he had no appetite, and there was a constant tendency to constipation. About this time double vision began to be complained of, and dizziness on attempting to sit up.

The more violent symptoms gradually subsided until, in the course of a couple of weeks after admission, the patient was able to be up for a short time; his cephalalgia was not continuous; the appetite was improved; there was no great amount of thirst, and no delirtime the patient would become dizzy and the constipation. He stated that the bowels had headache would recur.

All the symptoms in this case have gradually subsided, and at present the right pupil is only slightly dilated, there is a good appetite, the bowels are easily regulated, and the patient is able to be up for three or four hours at a time. The hearing seems somewhat improved, but is still poor.

Case 2.—The second case is that of a man who was admitted to the hospital suffering from severe pain in the head, neck, and lumbar region. We were unable to get a perfeet history of this case. On coming in, he stated that he had been sick ten days; that the attack commenced with a chill, and that he was continually growing worse.

On admission, the face was flushed, brows knit, tongue coated white, pulse moderately accelerated, appetite poor, and bowels constipated. No symptoms of abdominal or thoracic diseases could be elicited. The question arose as to whether this was not rheumatism; but the want of rheumatic symptoms in other parts, and the persistence of the disease, together with the epidemic influences prevailing, led us to suppose it a case of mild cerebro-spinal meningitis. In this case free catharsis was induced, and 15 or 20 gr. doses of potass, brom, were given every three or four hours, for a couple of days.

Subsequently tinct, cannabis ind, was employed in doses at first of Mxx, but rapidly increased to 3 i, and given every two or three hours, while there was pain in the head. The patient experienced much relief from the latter drug. He slowly progressed toward recovery. As the more active symptoms subsided, potass, iod. administered and blisters applied behind ears. 28 days after his sickness commenced he was so far recovered as to leave the hospital.

Case 3.—H. G—, 20; England; mason. Admitted March 11th.

The evening of admission the patient was more rational. He stated that ten days previously he had been attacked with fever and severe pain in the head and neck. He com. plained of loss of appetite, thirst, severe pains in head, neck and back, sleeplessness and quiet; she slept three or four hours during

moved but once in ten days.

The patient lay with his head drawn back; and he was unable to bend it forward, pressure over the cervical and lumbar portions of the spine greatly aggravated the pain in these parts. The tongue was coated white, and moist excepting at the tip; pulse 100; temperature 1011°. A free cathartic was ordered (hydrarg chlor, mit. et rhei, aa gr. x), to be followed by potass, brom, gr. x, every three hours. March 13, prescribed opium gr. i, and ext. hyos. gr. 1-4, at bed-time. Herpes labialis appeared at this time. March 14. Last night patient slept well for the first time since he was taken sick; can move the head some this morning. Subsequently to these entries the patient gradually improved on the use of tr. cannabis ind. with opium and hyos. After the active symptoms had at night. passed potass, iod. was given. 28 days after admission, and 38 after the beginning of the disease, the patient was so far recovered as to leave the hospital.

■ Case 4.—M. J. S—, 33; servant; Canada. Admitted March 6th.

Patient was brought into the hospital in a condition of wild delirium; head drawn back and held firmly. In the evening, chlor. hyd. 3 i was ordered given in doses of gr. xv, every half hour. It gave very little relief.

March 7. Ordered 5 ii of chlo. hyd. in divided doses at evening. Patient very delirious, requiring to be tied in bed. When loosened, she would throw herself from bed and resist forcibly all efforts to return her; pulse moderately accelerated, and face flushed.

March 8. The chloral administered last evening seemed only to increase the delirium. Thinking that constipation might have existed for some time, we ordered ol. tiglii; to relieve the delirium and evident pain in the head and back of neck, potass. brom. Di, every three hours was administered. 2 p. m. Pulse about 100; face flushed; temperature 1044°. Delirium continues. 7.30 p.m. Temperature 102°; patient still noisy and delirious; had fever during forenoon.

March 9. Temperature 100°; patient more

the night; considerable fever occurred in the forenoon; the bowels responded actively to the eroton oil.

March 10. The patient did not sleep last night, and is very restless this morning. The nurse says that the fever was much earlier to-day. The face is flushed; tongue dry and fissured, though not much coated; bowels soluble. Brom. potass, continued.

March 13. Pulse 112; temperature 1024°; tongue dry and slightly coated; the patient rested better last night than she has since coming into the house. Yesterday there were two evacuations of hardened fæces.

Ordered a cathartic. We have as yet been unable to obtain any history of the patient previous to her admission, except that she was found by an officer sick in a street-car, and that he brought her to the hospital.

March 17. Patient has been gradually improving since the last entry, and has been able to complain of the pain in her head. Last night tinct, cannabis ind, was ordered, and gave much relief to the pain. This morning she is very much improved, and is able for the first time to give her name. She says that she had been complaining of pain in the head, neck, and back, for a week before coming to the hospital. She has an indistinct recollection of being brought here. Subsequently to this time the patient continued gradually to improve. Headache frequently recurred, which was treated with tinct, cancontinuously for a couple of weeks.

At present the patient is nearly well. She is occasionally affected with dizziness and headache. Her hearing has been impaired by the disease, and her mind seems to operate sluggishly, but whether this latter is an effect of the disease or not cannot be accurately determined, as we have none of her previous history.

Case 5.-W-B.; 17; laborer; England. Admitted April 1st.

been sick about four days. While at work creased if the patient attempts to rise. he was attacked with severe pain in the tem-

to the hospital some doctor was called in, who applied mustard to the feet and back of the neck, and evidently administered a mercurial, until the patient was nearly salivated. The patient still complains of the severe pains in the head and upper part of the neck. find his head persistently thrown backward, and the patient unable to flex it; the skin cool; pulse 88, and a little fuller than natural; tongue covered with a thin white coat; and gums sore; anorexia and thirst are complained of; the bowels are said to be regular, and the urine natural. At bed-time, ordered chlor, hyd. 3 ss.

April 2. Pain continues. The patient becomes dizzy on rising, and can hardly walk, even when supporting himself by the bed or table. Prescribed potass, brom. gr. xv, every four hours.

April 3. Herpes about the mouth; pain in the head diminishing; appetite improving; bowels regular. The patient complains of double vision when looking at objects across the ward.

April 4. Patient better.

April 6. Patient still improving. Cannabis indica continued, but no other treatment.

April 8. Patient feels very well; has very little pain, and is able to be up. Medicine discontinued.

April 9. The pain in the head is worse today.

April 10. Pain in head and neck increasnabis ind. Potass, iod. was also administered ling. Ordered tinet, cannabis ind. 3 ss every three hours.

April 11. Pulse 104; temperature 1031° F.; is able to be up considerable of the time, but patient complaining bitterly of pain in the head and neck; head drawn backward; bowels constipated; poor appetite; considerable thirst; tongue coated yellowish white. Ordered a saline cathartic, and increased the dose of cannabis ind.

April 12. The patient felt very comfortable last evening, but the head is worse this morning. By an oversight of the nurse, the cathartic was not administered; it will be Patient stated on admission that he had given to-day. The pain in the head is in-

April 13. Pain about the same; bowels ples and back of the neck. Before coming moved. Ordered potass, brom. gr. xx, every four hours, and quin. sul. gr. ii, with morph. sul. gr. 1-7, every three hours.

April 14. The patient complains less of pain in the head and neck, but complains of pain over the sacrum, which pain he says has been present for some days, though he has never before spoken of it. Discontinued the morph, and quinine, and ordered a brisk cathartic.

Case 6.—Wm. G——; 26 years of age; waiter; a native of Germany. Admitted February 24th.

This patient was admitted on account of a stricture of the urethra, from which he had been suffering for one year.

Eight days after admission he began to complain of thirst and loss of appetite. The pulse was somewhat accelerated, and the skin hot. Quin. sulph. gr. v, three times a day, was prescribed.

The following day (March 4th) the pulse was 120 and the respirations 23; the countenance was anxious and pinched, and the skin moist with sweating; the urine passed readily.

At 7 a.m. of the same day, the patient began to have tonic spasms; he became unconscious, and had to be restrained to prevent him from getting out of bed. He was unable to swallow, and breathed laboriously. Pulse 160, small. Two hours later the temperature in the axilla was found to be 104°, and in the rectum 107°. There was some opisthotonos; the spasms continued to recur, but more frequently when the patient was disturbed. Potass. brom. gr. xxx was administered. At this time an eruption like urticaria had appeared over most of the body. Two hours later, at eleven o'clock, the patient was more quiet, but at once went into spasms if disturbed.

March 5. The patient became quiet about two o'clock, and died at three a. m. this morning.

In this case an autopsy revealed a thickened and corrugated bladder. The pelvis of the kidneys were dilated, and a small abscess was found in the left kidney.

There was much engorgement of the case no sinuses of the brain, and extensive effusion of —Ibid.

lymph into the arachnoid cavity. The lateral ventricles were nearly filled with fluid.

The spinal canal was not opened, but the membranes at the base of the brain indicated that the inflammation had extended along the spinal meninges.

Four Children at a Birth.—A woman, residing at Northampton, Mass., gave four children at a birth. The mother and children were doing well at last advices. She has had seven children within the last thirteen months.—Med. Record.

CONIUM IN THE TREATMENT OF ACUTE MANIA.—Dr. Crichton Browne has been making experiments with conium in the treatment of acute mania, and finds the result to be far more rapid and complete recovery than by any other method with which he is acquainted.

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In a valuable paper in the Lancet Dr. Browne expresses his conviction that the conium treatment of acute mania will speedily recommend itself, to those who use it rightly, as the most efficacious mode of dealing with that form of mental disease. In order, however, to secure its benefits, two conditions must be observed; firstly, the preparation used must be good and active; secondly, the doses administered must be adequate in amount. The succus conii is certainly the most trustworthy preparation of the drug. Even the succus, however, varies in activity in an extraordinary degree. Some of it is absolutely inert. The doses must be sufficient to produce the physiological action of the drug in order to prove beneficial in disease. The effect of conium is inversely as the motor activity of the individual to whom it is given. This being so, it must be evident that in acute mania, in which motor activity is at a maximum, very large doses will be essential. Dr. Browne has given a woman laboring under acute mania as much as two ounces of succus conii at one dose, and repeated this every four hours for two days. This was, however, an extreme case, and the patient had been gradually habituated to the drug. As a rule, he has commenced with two drachms of the succus for a woman, and three drachms for a man; and rapidly increased the dose until he noticed some cessation of restlessness, or signs of lassitude or weakness of the limbs. It is rarely that a dose of one ounce or ten drachms requires to be exceeded; and sometimes improvement begins with the very first administration, in which case no increase of quantity is necessary.-

### THE

## MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, April 15th, 1872.

### EDITORIAL.

Among the advertisements in this number, we would call the attention of our readers especially to those of E. H. Sargent; Bliss & Torrey; and Codman & Shurtleff. We think the instruments described in the latter are the best of their kind in use.

MEDICAL BOOKS. — We have received a printed Catalogue, embracing an extensive list of medical books and monographs, for sale by James Campbell, 18 Tremont street, Boston, Mass.

We have also on our table a recent Catalogue of valuable medical works published by the well-known publishing house of Lindsay & Blakiston, of Philadelphia. Their list embraces the publications of the Sydenham Society also.

CEREBRO-SPINAL MENINGITIS.—This disease appears to have been prevailing for some months past in a large part of the populous towns through a belt of country embracing the northern part of Iowa, Illinois, Indiana, and the southern part of Wisconsin, Michigan, and the western part of New York. In some places it has been very fatal; in others, only moderately so.

It continues to prevail, moderately, in this city; though, we think, less than during the last part of March and first half of April. In the present number of the Examiner will be found a full detail of the cases treated in the County Hospital in this city; our next issue will contain an account of the disease as it appeared in Sterling, Illinois, and its vicinity. We hope practitioners in other places will give us the results of their observations concerning the present epidemic.

### Domestic Correspondence.

LAWRENCE, Mich., Feb. 7th, 1872.

Prof. Andrews — Dear Doctor: In the summer of 1868 I removed an epithelial cancer from the back of the hand, extending obliquely from near the first joint of the fore-finger to the tendon of the little finger, at the metacarpal articulation, oval in shape, like a great wart, and covered by a scab. It had been previously "burned" out by a cancer quack at Paw Paw, twice.

The wound healed well; but in the fall another wart appeared between the metacarpal bones of the thumb and fore-finger. I was in Chicago at the time, and found on my return in the spring a cancer fully as large as the previous one, ulcerated and discharging a very fetid sero-purulent fluid. The patient was an old man eighty-two years old, but vigorous, and as young as most men at sixty-five.

There were two other warts forming upon his face, looking more like crusts than anything else. I found it impossible to correct the fetor; and in spite of iron and tonics he grew cachectic. The ulcer began to bleed. Seeing his almost hopeless condition, and being unable to bear the horrible odor emanating from the ulcer, he determined to submit to an amputation, which, under the circumstances, I deemed justifiable, though, owing to the manifest cachexy, almost hopeless. I thought, on the whole, that he would live longer after an operation than without it. In June, 1869, I amputated in the middle third of the arm. He bore the operation extraordinarily well, and convalesced more rapidly than any one I ever saw. I removed at the same time the warts on his face. Put him on iodide of iron; and he made for himself a pill of the dried juice of the phytolacca decandra, and also drank an infusion of the bark of the red alder, having read that these were good for cancer. The cachexy disappeared; and although much broken down and unable to work, he enjoyed good health for over two years, and died last fall of pneumonia. This is the only case of cancer that I have cured.

I have two cases of cancer of the breast under treatment - one for two years, with galium - and the tumor in one case has almost entirely disappeared, and the other has diminished to one-third its former size. I tried arsenic and conium in the latter case with no effect. I was so much impressed with the old man's tea of tag alder, that I used it in both of these cases, and noticed that iron seemed to do five times as much good while they took the infusion as it did without. Whether galium is a specific for cancer or not, I can say that it diminishes the pain better than anything I have used or seen used.

I have not tried the cundurango yet, but mean to compare its effect with that witnessed in these cases. Cancer is hereditary with both these women. The cancer in the first case was recent and growing, though it had not attained a large size, being irregular and not more than an inch in its largest diameter. A curious fact was noticed in the family history, that most of the males had died of tuberculosis, while the females died of cancer. She has two aunts in Ohio who are quite old, in whom the disease reached a certain point, and has been dormant for years.

In the second case, the parents are cousins. I could learn positively of only one death in the family from cancer. This was an aunt on the mother's side who had been operated on, and the disease had returned. They thought that a cousin had died of the disease, but I could not learn positively. The tumor in the second case was irregularly oval, nodulated, extending downward from the nipple, which was not retracted; was about three inches at the longest diameter; was of nine years standing, though it had not grown any for six years; axillary glands somewhat enlarged: lancinating pains very severe. When I first saw the patient she was sallow and cachectic; but from the effect of the iron I gave her, and her history, I am satisfied that this appearance was due to malarial influences, and that the constitution was not affected.

Knowing how interested you are in everything pertaining to our profession, I thought I would send you these sketches of two of my Langan was appointed the delegate of the

odd cases. I think I am favored with a great many odd ones. I remain,

> Yours truly, ED. J. CLEVELAND.

### Society Reports.

CLINTON CO. MEDICAL SOCIETY. IOWA.

The Clinton County Medical Society held their regular quarterly meeting at Dr. Morgan's office in DeWitt, April 16, 1872. The meeting was called to order by the President, Dr. D. Langan, at 5 o'clock p. m. H. Lothrop was appointed Secretary pro tem. The roll was called, and showed the following members present: Drs. Langan, Lothrop, Frost, Morgan, Dennison, and Prof. Farnesworth. The minutes of the previous meeting were read and adopted. The application of Dr. Willis Butterfield for membership was received and accepted, and on motion of Dr. Farnesworth he was requested to take part in the proceedings of the present meeting. The Society then adjourned for supper, accepting the invitation of Dr. Langan, and a couple of extremely pleasant hours were passed in the enjoyment of his hospitality.

Business was again resumed at 8 o'clock; and a very able paper was read by Dr. Morgan on "Fractures of the Femur, and treatment," which was fully discussed by Drs. Farnesworth, Frost, Butterfield and Next Prof. Farnesworth read a Lothrop. scholarly paper on "Medical Education," which received the approbation of the Society. On motion, a committee was appointed to report to the State Society on the New York law on malpractice, which requires the plaintiff to give bonds in twice the amount of the damages claimed. Dr. Langan appointed Prof. Farnesworth, Dr. Lothrop, and Dr. Morgan.

The following members were appointed to read essays at the next meeting: Dr. Charles C. Lothrop, Cerebro-Spinal Meningitis; Dr. J. Dennison, Puerperal Fever; Dr. Frost, Scarlet Fever; Dr. Reynolds, Typhoid Fever.

On motion of Prof. Farnesworth, Dr.

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Clinton County Medical Society, to the American Medical Society, which is to meet at Philadelphia in May, 1872. Quite a lively discussion upon cerebro-spinal meningitis, which was participated in by Drs. Dennison, Morgan, Lothrop, and Farnesworth; and the symptoms, pathology, and treatment were fully discussed, inasmuch as the disease has lately attracted much attention in this locality, as well as in other parts of the United States.

The meeting was one of great interest, and the Society remained in session until a late hour at night, when they adjourned, to meet in Camanche on the third Tuesday in July.

### Gleanings from Our Exchanges.

CHRONIC enlargement of prostate gland has been much benefited by a suppository composed of one scruple of iodoform to one ounce of cocoa butter.

A Sovereign Anti-Bilious Pill.—We transcribe (by permission) from the prescription book of one who has been actively engaged in practice for the last thirty years, a formula for an anti-bilious pill, which, we feel confident, will find favor with all disposed to adopt it. As will be seen, besides containing it very strongly."-Ibid. all the components of the "Cook pill"-a pill of established popularity in the Southits also embodies other important adjuvants, The gamboge and podophyllin give increased action and augmented hepatic tendency, whilst the capsicum and extract hyosciamus impart to the whole a fine corrective and anti-drastic quality. By substituting pure castile soap for the calomel, we also have a pill that will effect all that is meant by a "Vegetable Anti-Bilious Pill:

R Calomel Rhubarb aa. dr. j. Aloes Capsieum Gamboge 1 aa. gr. xij.—M. Podophyllin, Ext. Hyosciamus

Make mass with Ar. Syr. Khubarb, and divide into 22 pills. Dose from 2 to 4 for adults, as a prompt and efficient anti-bilious evacuant. -Georgia Medical Companion.

OF HYDRATE OF CHLORAL, - E. Burke Hay-

chloral, in twenty-grain doses, for two weeks, to an old gentleman complaining of buzzing in the head, pulsation in the epigastrium, and soreness around the waist. At the expiration of two weeks the patient complained of dimness of vision, which, rapidly increasing, he suspected that this remedy caused it, and discontinued its use, when his vision improved, and gradually became as good as it was before using the hydrate of chloral.-Ibid.

CURE FOR CORNS.—Bathe the feet well in warm water, then with a sharp instrument pare off as much of the corn as can be done without pain or causing it to bleed, and dress once a day with the following salve:

Black Oxide of Copper, gr. xv. Lard. oz, ss,-M. -Ibid.

PERCHLORIDE OF IRON IN POST-PARTEM Hemorrhage,-Dr. J. T. Johnson (National Med. Journal), says:

"In the Dublin Practice of Midwifery, the bold advice of Dr. Robert Barnes, of London, is followed in cases of post-partem hemorrhage, in the injection into the uterus of a solution of the perchloride of iron-strength, one part to four parts of water. They inject very cold water into the uterus, taking the usual precaution not to inject air, and if not successful in controlling the hemorrhage, they then use the perchloride of iron. They are much pleased with its effect, and recommend

OILING URETHRA IN CATHETERIZATION.—It has been recommended to inject oil into the urethra previous to attempting to pass a catheter or sound in difficult cases of stricture. Dr. C. L. Carson, in Lancet, recommends, in place of this, filling the catheter with oil before introduction, and holding the finger over the open end until after the introduction of the end of the instrument within the urethra, when the finger may be removed.

RECURRENT VISION.—Prof. A. C. Young, of Dartmouth College, mentions a fact which, so far as we know, has not been noticed before. He states that on illuminating a room with an electric spark, any object that was looked at reappeared at short intervals for two or three times. He experimented with a black screen, on which was fastened a white cross, made of strips three or four feet long by a foot in width. He is sure that the reappearance of the object is not due to a repe-DIMNESS OF VISION FOLLOWING THE Use tition of the spark, for upon moving the screen backwards and forwards, the cross always wood, M.D., Raleigh, N. C. (Rich. and Louis. appeared in the same place. He measured Med. Jour.), writes that he gave hydrate of the intervals between the appearance of the

object by an ingenious contrivance, and finds it to be from 0.17 to 0.30. The explanation that he gives of this phenomenon is that it is due to "a reflection of the nervous impulse at the nerve extremities—as if the intense impression upon the retina, after being the first time propagated to the brain, were then reflected, returned to the retina, and from the retina traveling again to the brain, renewed the sensation." He calls this phenomenon "Recurrent Vision."—Am. Jour. Science and Arts, April.

INCONTINENCE OF URINE IN CHILDREN.-Dr. Holmes Coote says that he has relieved incontinence of urine in children by the use of creasote, in every case in which he has tried it, some six in all, and when all other remedies had failed. The form in which he administers the creasote is in the form of pill one minim, with a sufficient quantity of bread crumbs.—Lancet.

GANGRENE PRODUCED BY DRESSINGS OF CARBOLIC ACID. - Dr. Tillaux reports two cases in which gangrene resulted from the application of carbolic acid to wounds.

PATHOLOGY OF CONSUMPTION. - Dr. Battson, says: "I cannot agree with Niemeyer that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of lime in the blood is necessary for the produc-

tion of tubercle.

"Louis's fatty liver of consumptives will help us to the explanation. I regard "phthisis" as much more frequently affecting the intellectual — the large-brained, the nervetemperament. I am guessing, as you may think; but it seems to me, as cholesterine is the normal waste of brain and nerve tissue (Reporter), so is tubercle the morbid waste, or detritus, of brain and nerve tissue. Tubercle is essentially granular, composed of aplastic or retrograde cells with nuclei enclosed. An excess of phosphorized fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle.

"I have the very best authority for saying that the rural population of France are vegetarian in diet; and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so with excellent results in dysentery.

I am told, the water used in New England for drinking purposes and cooking is soft and not limestone, as it ought to be."-Philadelphia Medical and Surgical Reporter.

Progressive Pernicious Anæmia.—In the Medicinishe Central Zeitung, Prof. Biemer calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a hydræanæmic appearance, loss of appetite, but not of fat, anæmic sounds in the arteries, capillary hemorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The post-mortems showed fatty degeneration of the heart and muscles.-Idem.

ON THE EMPLOYMENT OF TAXIS IN STRAN-GULATED HERNIA.—Dr. Smyle, in the British Medical Journal, calls attention to a plan for dilating the ring in strangulated hernia, and thus facilitate the reduction without the use of the knife. His plan is to crowd the finger outside of the sac into the ring, dilating it as much as possible, and then to return the tumor if possible. "For inguinal hernia in the male the index finger is applied to the lowest part of the scrotum. This is invaginated (as in Wutzer's operation for radical cure) the finger being passed behind the testicle and cord up to the external ring. The hernial tumor is then pressed downwards over the finger towards the back of the hand so as to make the structures in the ring tense, and consequently smaller. invaginated finger is then forced firmly upwards and outwards in the direction of the internal ring. As soon as the finger is firmly grasped, the hand should be turned slightly toward the middle line. Considerable force may be safely applied in this way, as all the delicate structures are behind the finger which acts mainly on the stricture. withdrawing the finger the hernia can usually be returned." Dr. C. C. F. Gay, of Buffalo, in an article in the Georgia Medical Companion, calls attention to the same method, and also says that he has had more success in the reduction of hernia when the patient was in the upright position and semi-prone position, with the thighs placed upon the body.

OPIUM AS AN ANTIDOTE TO BELLADONNA.-Dr. Peterfield Trent reports a case of poisoning by ten grains of belladonna, in which laudanum was used with success as an antidote.—Jour. of Materia Medica.

CHLORATE of potash in ten grain doses, together with a little morphine, has been given

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Aconite is said to produce serious uterine irritation if continued any length of time.

Treatment of Chronic Intermittent Fever with Enonymess Atropurpureus (Wahoo).—Dr. C. Richmond states that he has been more successful in removing enlargement of the spleen in chronic intermittents with this remedy than by any other means that he has tried. His "manner of using it is in the infusion of the fresh bark of the root; two ounces of the fresh bark of the root to one part of water, poured upon it boiling hot and allowed to steep some time. Of this, from half a pint to a pint should be given each day." He "generally gives the remedy until it purges at first, then as a diuretic and tonic." Quinine can be given at the same time.—Ind Jour. of Medicine.

A Lusus Nature. — Dr. N. Hegyetter reports a case of "a living, healthy child born with a tumor on its back containing a foot, leg, and thigh; also the rudiment of a hand, and a small placenta, or what was identical with the placenta in appearance; also a portion of the surface (inner) coated with hair, and three distinct sacs, which, along with the tumors proper contained a fluid resembling the liq. amnii." — St. Louis Med. and Surg. Journal.

FLUID EXTRACT OF GELSEMIUM has been used by Dr. W. Scott Hill in doses of from ten to fifteen drops sometimes combined with bromide of potassium, with great success in irritable bladder.

BONE FELON ARRESTED BY CONGELATION. -Dr. J. B. Walker reports a case in which all "the distinguishing characteristics of a felon were manifest: pain, throbbing, some tumefaction, and the nervous excitement, indicated plainly what was in advance." He placed the finger in a mixture of equal parts of salt and snow, in a tumbler. When the finger became insensible he removed it for a moment, until the sensibility began to return, when the application was renewed. This was repeated as often as the pain returned. After about two hours of the application the pain did not return, and there was no felon .- St. Louis Medical Archives.

Remedy for Dandruff.—A writer in the Amer. Jour. of Pharmacy says that a preparation of an ounce of flowers of sulphur and a quart of water be made, the clear liquid poured off after the mixture has been shaken repeatedly at intervals of several hours, and the head wet with this mixture every morning. Simple dandruff will disappear under this treatment in a short time.

It is said that phosphate of lime will beneefit the vomiting of pregnancy.

Heartburn.—A writer in the *Pharm. Jour.* and *Trans.* claims that heartburn is produced by butyric acid, fermentation of food in the stomach. This fermentation will be stopped by the bisulphites and proposes a bisulphite of magnesia as a remedy; magnesia having no injurious effect on the stomach as lime, soda and potash have.

Poisoning by External Application of Remedies.—The London Lancet (Sept., '71) reports the death of a child from an external application of an alcoholic solution of corrosive sublimate, 80 grains to the ounce. The patient was afflicted with tinea tonsurans; thirty hours after the solution was applied to the head salivation appeared, and death followed on the fifth day.—Ibid.

TREATMENT OF HEMERALOPIA.—Dr. Philip Guntersdor (Med. Chir. Centralbl., 1871) recommends electricity as a powerful remedy in this disease. He applies the induced current of moderate force by means of an electrode of wet sponge upon the forehead and eyes of the patient. Each sitting ought to last fifteen minutes, and a few sittings suffice.—Doctor, March 1.

LIGATURE OF THE EXTERNAL ILIAC ARTERY.

—High up on the right side the external iliac artery has recently been ligatured by Dr. R. G. Butcher, of St. Patrick Dun's Hospital, Dublin. Six days after operation the case is reported as progressing favorably. The operation was conducted by Dr. Butcher in nine minutes, and the necessity for its performance owing to the presence of a large inguinal aneurism which not only filled the groin, but also extended above Poupart's ligament.

—Ibid.

Precocious Development. - Flugel describes in the Bayr. artzl. Intell.-Blatt., the case of a female child who died of diarrhœa at the age of five and a-half years, having attained the height of five feet. The incisor teeth all appeared when she was six months old, and at nine months she had all the molars. At a year and a-half of age she menstruated, and, especially in her later years, the periods were tolerably regular. The external genitals, excepting the absence of hair, were well developed; the breasts were full, and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regards her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old.—British Med. Journ.

Experiments are related which appear to water, with a green, slightly opalescent color, prove that strychnia and morphia are antidotal to each other.

DECAISNE ON THE TREATMENT OF DELIRIUM Tremens.—Decaisne (Journ. Off. de la Repub. Franc., 1871) has made comparative experiments on the different modes of treating delirium tremens. He treated five patients with opium, and four with digitalis. The symptoms of excitement disappeared under opium on an average in five days, and with other remedies in six days. Seeing the similarity of results obtained with the different remedies, Decaisne desired to try expectant treatment, and put eight patients under this treatment; these became calm in about a similar number of days. As a consequence of these experiments, he proposes expectation as a treatment for delirium tremens, with the sole observation that all alcoholic fluids (wine, etc.) be left off, and tepid baths made use of. -Ibid.

A VALUABLE MEDICAL LIBRARY FOR SALE. —The valuable library of the late Professor George C. Blackman, M.D., of Cincinnati, containing upwards of three thousand volumes of medical works, besides many pamphlets, journals and papers, is now in the hands of Mr. Robert Clarke, of Cincinnati, for publie sale. We agree with the editors of American Practitioner, that the library should be owned by some public institution or association, similar to the New York Medical Library and Journal Association.

THE UVULA .- Dr. Noble Smith condemns, in the British Medical Journal, the practice of snipping the uvula, and advocates its complete removal in cases where any operative procedure is called for. He relates two cases simulating consumption, which were at once cured by the removal of the elongated uvula; and says that, in mere snipping the organ grows again, and no good results. On the other hand, Sir G. D. Gibb argues in the Lancet, that the uvula has important functions in deglutition and vocalisation, and that its true muscular end does not often become elongated, but only the membrane, and perhaps adipose tissue; consequently, that snipping this part and leaving the muscular fibers intact is quite sufficient, and that no inconvenience arises from this practice.—Ibid.

Dr. Sage's Catarrii Remedy. - Having had occasion of late to dissolve the contents of a bottle of this great remedy in a pint of water, for a customer, its appearance induced | Schmidt recommends one drop of the tineture an investigation. It is of a rather dark green color, sandy to touch, of a camphorous smell He has found marked relief follow its use.and saline taste, dissolving with facility in New York Med. Journ.

which slowly settles to the bottom, leaving a clear yellowish solution. Twelve grains were retained, dissolved in an ounce of distilled water and one half tested with solution of nitrate of silver; an instantaneous white curdy precipitate was formed, indicating muriatic Nitric acid did not change this precipitate, but upon adding a few drops of aqua ammonia it was re-dissolved. Solution of carbonate of soda produced no change in the original mixture, and a glass rod wet with the latter and held into an alcohol flame turned it yellow, characteristic of sodium. Want of time prevented the identification of the coloring matter, as well as of the odoriferous ingredient. Fifty cents is rather a high price for less than half an ounce of table salt. Pharmacist.

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Transfesion.—It appears to some that the difficulties and dangers of this operation have been exaggerated, a position that is certainly in consonance with the results of injecting saline solutions into the veins. The Gaz. Med. Ital. Prov. Venet. published a case of gastric hemorrhage in a woman sixty-three years of age, who being in articulo mortis, was restored by the injection of one and a half ounces of defibrinated blood taken from the arm of her In seven days she was discharged cured from the hospital. It is stated that the warming of the blood, or the syringe, and any preparation of the vein more than is necessary for ordinary bleeding, are all useless precautions. Even the mixture of air with the blood is innocuous.

Commenting on this, the Medical Comos adds that the addition of such diffusible stimulants as ammonia to the blood to be injected not only serve to preserve its fluidity, but also to directly excite the heart and general circu-

In the Centralblatt some cases of transfusion have been published by Juergensen, and extensively quoted. In a case of gastric ulcer, complicated with pleurisy, in which the patient was reduced to the last extremity, the operation was without benefit. Two other patients recovered, one a case of phosphorus poisoning, in which there was much hemorrhage; the other a case of asphyxia from carbonic acid, in which the benefit was most marked, and for which accident Juergensen looks upon transfusion as an important remedy.—Ibid.

INCONTINENCE OF URINE IN THE AGED-Dr. of iodine every two hours for this trouble.

### News Items.

THE MEDICAL PROFESSION IN RUSSIA. From official papers it appears that during the past year 10,000 medical men carried on practice. Of these about 6,113 were in the service of the Government, and 4,686 independent of it. These figures give one medical man for 7,182 inhabitants. In many districts a long journey must be performed before a medical man is found. In the United States of America there are 49,798 doctors for the thirty-nine millions of inhabitants viz., one medical man for every thousand inhabitants.—Lancet, April, 1872.

HEALTH OFFICERS' REPORT FOR PHILADEL-PHIA FOR 1871. — The births were 18,346; marriages 6,806; deaths 16,993. The princi-

pal epidemic was small-pox.

In the early part of the year this loathsome disease made its appearance, but did not attract any particular attention until August, when it began to assume the form of an epidemic, and continued gradually until the month of October, when we registered three hundred and thirty-one (331) deaths; it still continued with greater violence until the end of the year, when our entire mortality reached one thousand eight hundred and seventy-nine (1,879); previous to October, we only had registered forty-seven (47) deaths, thus leaving one thousand eight hundred and thirty-two (1,832) in the months of October, November, and December.

Scarlet fever shows 262 deaths; cholera infantum, 829; consumption, 2,237; and croup, 264. Of the total, 27 per cent. were children under one year of age, and 46 per cent. children under ten. The rates of deaths to population was one in forty-four; the highest in any one ward, one in twenty-nine. -Philadelphia Med. and Surg. Reporter.

CHRONOLOGY OF AMERICAN MEDICAL JOUR-NALISM.—Prof. Noble Young, M.D., of the Georgetown Medical College, D. C., said, in his address on the laying of the corner-stone of the building for the College of Physicians and Surgeons, Wilmington, N. C.:

"The honor of establishing the first medical journal in the United States is due to New York by the labors of Doctors Samuel M. Mitchell, Edward Miller, and Elihu H. Smith, in 1797. The Philadelphia Medical and Physical Journal was next published in 1804, followed by the Philadelphia Medical Museum, in 1805; Baltimore Medical and Physical Recorder, 1808; New York Medical and Philosophical Journal and Review, in 1809; The American Medical and Philosoph- more.

ical Register, in New York, in 1810; The American Mineralogical Journal, at New York, in 1810; Eclectic Repository, in Philadelphia, in 1811; Baltimore Medical and Philosophical Lyceum, in 1811; New England Journal of Medicine and Surgery, Boston, in 1812; American Medical Recorder, Philadelphia, in 1818; Philadelphia Journal of Medicine and Physical Sciences, in 1820; American Journal of Science and Arts, New Haven, in 1821; New York Medical and Physical Journal, 1822; Western Medical Reporter, Cincinnati, Ohio, 1822; Hartford Analectic Journal of Medicine and Surgery, 1823; Boston Medical Intelligencer, 1823; Medical Review and Analectic Journal, Philadelphia, 1824; New York Monthly Chronicle of Medicine and Surgery, 1824; Carolina Journal of Medicine, Science and Agriculture, at Charleston, S. C., in 1825."-Philadelphia Med. and Surg. Reporter.

The University of Strasbourg is to commence operations under German auspices May 1st. The Medical Faculty are, Dr. Waldeyer, Anatomy; Dr. Hoope Seyler, Physiology; Von Recklinghausen, Pathological Anatomy; Dr. Schniedeberg, Materia Medica; Dr. Leyden, Internal Pathology; Dr. Lucke, Dr. Gussbrow, Gynaecology and This is a fine array of talent. Obstetrics.

FALLING OFF AT HARVARD. - Since the adoption of the extended curriculum at Harvard, the number of students has diminished by 105, which shows precisely the number of students attending lectures there whose only desire is to get a diploma with as little trouble as possible.

A HEAVILY BACKED JOURNAL - A new Journal of Ophthalmology has been started in Paris. Its cover bears the names and titles in full of two directors, fifteen editors in chief, including the directors, and thirteen corresponding editors.

PRIVY COUNCILLOR TRAUBE, of Berlin, has been appointed to the position of professorin-ordinary at the University of Berlin. Professor Traube is the first individual of Jewish faith ever appointed to this position in Berlin.

VARICELLA IN SAN FRANCISCO.—Chicken pox has been prevailing lately in San Francisco in an aggravated form, some cases so near to small pox in character as to have been reported as such to the Board of Health.

To DISGUISE CASTOR OIL.—Rub up two drops oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it as a luxury and ask for

### Rook Reviews.

History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. By Robley Dunglison, M. D., LL.D., late Professor of the Institutes of Medicine and of Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc., etc. Arranged and edited by Richard J. Dunglison, M.D. Philadelphia: Lindsay & Blakiston. 1872.

We have received from the publishers, through the Western News Company of this city, a copy of this work. It is a small-sized octavo volume of 287 pages, published in excellent style, and sold by subscription only, at \$2.50. From a hasty glance at its pages, we think it is perhaps the best and most authentic summary of the history of medicine prior to the commencement of the Nineteenth Century, that is accessible to the profession in this country. It is concise, comprehensive, and supplied with a copious index. It is therefore well adapted for the use of both students and practitioners.

The Urine and its Derangements, with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Diseases. Being a Course of Original Lectures delivered at University College, London. By George Harley, M.D., F.R.S., Fellow of the Royal College of Physicians, etc. etc., etc. With Illustrations. Philadelphia: Lindsay & Blakiston. 1872. pp., 334. Price \$2.75.

Our copy of this work was received through Jansen, McClurg & Co., booksellers, of this city; and in its mechanical execution is certainly creditable to its wellknown publishers. We had thought the field embraced in this volume already well occupied by a number of able writers, whose works are familiar to the profession; but Dr. Harley has certainly given us a very valuable additional treatise, which will be found worthy of study by every practitioner who wishes to keep fully informed in regard to urinary and renal derangements. Nothing illustrates more forcibly the truly scientific character of modern medicine than the application of organic and physiological chemistry to the diagnosis and pathology of disease, as minway, \$5.00.

presented in works like the one before us. The author's style is concise, easy, and pleasing; and we commend the book as worth buying and reading.

When and How; or, a Collection of the more recent Facts and Ideas upon raising Healthy Children. By Dan Newcomb, M.D. Chicago: Arthur W. Penny & Co. 1872.

This is a small-sized octavo volume of 324 pages, published in fair style, and written more for the general public than the profession. It embraces eight chapters on the following topics: Physiological and Hygienic Knowledge; Like begets Like; Pure Air and Respiration; Digestion and Nutrition; Food and its Elements; Clothing and Cleanliness; Activity and Exercise; Sleep. These very important topics are discussed in a plain, practical manner; and yet so fully as to present almost every item of knowledge needed by parents in the management of their children. The author's directions in regard to all the topics named are judicious, and his style well calculated to interest the non-professional reader.

It would do much good if it could find a familiar place in every family library.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From May 18th, 1870, to Feb. 7th, 1872, inclusive. Philadelphia: Collins, printer, 705 Jayne street. 1872.

This is a pamphlet of 54 pages, containing an abstract of the doings of the Society for one year and eight months. The reader will find in it much of scientific and practical value.

Money Receipts to May 1st, 1872.—Dr. J. Priestman, \$3.00; Aug. Rhoads, \$3.00; L. S. Rogers, \$5.00; M. H. Cushing, \$3.00; S. G. Claybourg, \$3.00; W. T. Knapp, \$1.50; Hewett & Dysart, \$3.00; W. W. Wynne, \$9.00; H. W. Smith, \$3.00; H. Rosbough, \$3.00; A. C. Simonton, \$3.00; A. H. Thompson, \$3.00; G. W. Rohr, \$6.00; G. W. Phillips, \$9.00; W. H. Mussey, \$3.00; D. B. Trimble, \$3.00; D. E. Thayer, \$6.00; S. Hemminway, \$5.00.

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